

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445419	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2013
NAME OF PROVIDER OR SUPPLIER OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 027 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7</p> <p>This STANDARD is not met as evidenced by: Based on inspection and observation, it was determined the facility failed to maintain the smoke barrier doors.</p> <p>The finding included:</p> <p>On 9/16/13 at 10:30 AM observation within one hundred hall north-side revealed there was a one half-inch (1/2") diameter penetration above the panic bar.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/16/13.</p>	K 027	<p>POC</p> <p>Life Safety code tags</p> <p>K027 1. On 9/16/13 the maintenance staff repaired the penetrations above the panic bar on the one hundred hall north-side.</p> <p>2. On 9/16/13 the maintenance manager and staff checked for penetrations above the panic bar on the one hundred hall north-side. No other penetrations were found.</p> <p>3. To ensure that all penetrations are sealed and caulked, penetrations will be added to the monthly checks of the maintenance staff beginning 10/1/2013.</p> <p>4. Beginning 10/28/13 the maintenance manager will report outcomes of the monthly checks to the monthly QAPI committee and the administrator will ultimately communicate to the governing body at their meeting.</p>	9/16/13	
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

10/3/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 067	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the heating, ventilation, and the air-conditioning system. The finding included: On 9/16/13 at 11:10 AM observation within wing two Nurses' Station revealed the exhaust fan grille in the locker room area loose. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/16/13. NFPA 101 LIFE SAFETY CODE STANDARD	K 067	K 067 1. On 9/23/13 the maintenance staff repaired the exhaust fan grille in the locker room area. 2. On 9/23/13 the maintenance staff checked all areas for any needed repairs. 3. To ensure that exhaust fans grille are checked quarterly for any needed repairs, the maintenance director will add to the preventative maintenance log. 4. Beginning 10/28/13 the maintenance manager will report fire damper checks to the quarterly OAPI committee and the administrator will ultimately communicate to the governing body at his meeting.	9/23/13	
K 147 SS=E	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system. The finding included: On 9/16/13 at 12:30 PM, observation within the ceiling area above the fire door next to room 88 revealed an electric junction box without any cover plate. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/16/13.	K 147	K147 1. On 9/23/13 the maintenance staff repaired the electrical junction box with a replacement cover plate next to room 88. 2. On 9/23/13 the maintenance manager and staff checked other hallways for electric junction box needing repair. No areas were identified as needing repair or additions 3. To ensure that electrical junction boxes are in proper order, the maintenance director will add quarterly checks to the preventative maintenance log.	9/23/13	

OCT 15 2013